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**The relationship between managerial ethical profiles (MEP) and individual,
organisational and external factors influencing the ethical decision-making of
healthcare managers in Australia**

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The relationship between managerial ethical profiles (MEP) and individual, organisational and external factors influencing the ethical decision-making of healthcare managers in Australia

Abstract

Whether the community is looking for “scapegoats” to blame or seeking more radical and deeper causes, healthcare managers are in the firing line whenever there are woes in the healthcare sector. The public has a right to question whether ethics have much influence on the everyday decision making of healthcare managers. This paper reports on the findings of empirical research conducted on the influence of ethics and other factors on the decision making of 441 health care managers in Australia. Results from this study indicate that healthcare managers in Australia draw on a range of ethical frameworks in their everyday decision making, which in this study form the basis of five corresponding managerial ethical profiles: knights, guardian angels, duty-followers, defenders and chameleons. Results from the study also indicate that the range of individual, organisational and external factors influencing decision making can be grouped into three major clusters or functions. Cross-referencing these functions and other demographic data to the managerial ethics profiles provides further analytical insight in to the characteristics of the managerial ethical profiles. Summarizing, as they do, existing strengths and weaknesses in managerial ethical decision making, identifying these profiles not only can contribute to increasing organisational knowledge and self-awareness, but also has clear implications for the design and implementation of ethics education and training in large scale organisations such as health care systems.

Introduction

In the past decade there have been a number of inquiries in the health sector around the globe because of alleged mismanagement or individual unethical behaviours. Just to mention some of these examples and their causes, the King Edward Inquiry (Perth based hospital) was established based on concerns related to the treatment of obstetrics and gynaecological cases, the Royal Melbourne Inquiry was based on unprofessional behaviours, medication errors and inappropriate treatment of patients (Braithwaite, Travaglia et al. 2005; Davies 2005; Morton 2005). As results of these failures a number of “scapegoats” or “tip of the iceberg” reasons were found and being investigated. In the initial part of the Bundaberg Hospital Inquiry (Davies 2005; Queensland Health 2006), for example, a few senior managers were identified as “bad apples” and removed from their duties. However, upon closer examination it appears that the “barrel” may have been just as much a part of the problem as the apples, a situation that has been referred to as an *unhealthy organisation culture*--a situation characterised by a lack of congruence between organisational values and behaviours expressed in everyday

practice and the shared values of the majority of staff members and the espoused values of the organisation (Casali c 2008). Whether the community is looking for “scapegoats” to blame or seeking more radical and deeper causes, healthcare managers are clearly in the firing line whenever there are woes in the healthcare sector, and the public has a right to question whether ethics have much influence on the everyday decision making of healthcare managers.

This paper reports on the findings of empirical research conducted on the influence of ethics and other factors on the decision making of 441 health care managers in Australia. It is concerned, first of all, with identifying the variety of ethical frameworks influencing managerial decision making. Simply using the major schools of moral philosophy as boxes and allocating respondents into one or the other is not the best way to capture reality (Casali 2007; Casali a 2008; Casali b 2008) ; each school of moral philosophy itself has a number of dimensions that managers can align themselves with. As such ethical considerations are unlikely to influence managers in a vacuum, the study also identifies a range of other internal and external factors and the interplay of these with the ethical influences.

Results from this study indicate that, rather than drawing on specific ethical traditions in their decision making, healthcare managers in Australia draw on a range of ethical frameworks in their everyday decision making. This mix of influences results in five major clusters, which in this study form the basis of five corresponding managerial ethical profiles: knights, guardian angels, duty-followers, defenders and chameleons. Results from the study also indicate that the range of individual, organisational and external factors influencing decision making can be grouped into three major clusters or functions. Cross-referencing these functions and other demographic data to the managerial ethics profiles provides further analytical insight in to the characteristics of the managerial ethical profiles. Summarizing, as they do, existing strengths and weaknesses in managerial ethical decision making, identifying these profiles not only can contribute to increasing organisational knowledge and self-awareness, but also has clear

implications for the design and implementation of ethics education and training in large scale organisations such as health care systems.

Methodology

The primary data for this study was obtained via a self-administrated e-mailed questionnaire. The questionnaires were sent to all the members of a professional body that has agreed to participate to this study. .

Tool

The tool used for this study was the Managerial Ethical Profile (MEP) questionnaire, a tool developed to capture managerial ethical preferences (Casali d 2008). The MEP consists in total of 52 items (measured by a 5 likert scale 1 most important and 5 least important) covering a number of factors influencing managerial decision making (MDM) such as ethical factors, individual factors, organisational factors and external factors. Out of those 52 items, 24 items have been specifically developed to tease out the importance of ethical factors in MDM, and the remaining 28 covering the other three categories of influencing factors. Content and construct validity have been tested in relation to the items (statements) representing the different dimensions of EDM (Casali d 2008). Content validity has been tested by converting the main ideas of the different schools of moral philosophy, as expressed in the current literature, into more operational statements. With respect to content validity, 14 experts in the field of ethics, philosophy and theology have been interviewed (Casali d 2008). These 24 items have been divided into four sets of items, based on their affinity to one of the following schools of moral philosophy: egoism, utilitarian, virtue ethics and deontology. The six items used for each of those four categories have been further divided in two subsets based on the major internal differences in within each ethical framework (Casali d 2008). Therefore, eight ethical subscales have been created:

- Economic egoism (EcoEgo): This scale measures the managers' self-interest in terms of the relative importance that pursuing economic outcomes such as profit and cost reduction plays in the managerial decision-making process
- Reputational egoism (RepuEgo): This scale measures the relative importance of furthering self-interest through non-economic outcomes by identifying with one's organisation as an extension of one's own interests. Managers would make decisions based on protecting the organisation's reputation, perhaps even at the expense of profits.
- Act utilitarianism (ActUti): This encompasses the idea that in order to create the greatest overall good it is fundamental to evaluate whether the consequences of each proposed action will create the greatest benefit for the greatest number of people; for example, different stakeholders.
- Rule utilitarianism (RuleUti), does not focus on each separate action but proposes to follow those rules which create the greatest benefit for the greatest number of people.
- Self virtue (SelfVi): This scale measures the degree of importance attached to individual moral character as a determinant of good decision making.
- Others virtues (OthersVi): This particular approach to virtue ethics emphasises living well with others, promoting social well-being. It can focus on the good of the community as a whole, or on the good of concrete others through an ethics of care approach.
- Rule deontology (RuleDe). This scale measures the degree of importance attached to fulfilling universal duties, such as the golden rule or acting according to universal principles, such as justice, not harming others, doing good, and respect for persons in all situations.
- Act deontology (ActDe). This scale measures the degree of importance attached to doing the right thing or fulfilling one's duty in a particular situation. Moral rules can have exceptions, particularly when moral duties conflict. The rightness of an act is not

determined by the ruthless application of a moral principle but by determining what action is demanded by the particular situation.

Sample characteristics

To investigate the managerial ethical preferences of healthcare managers in Australia, members of an Australian healthcare manager association were approached by e-mail to participate to the study and a link was provided to an online questionnaire. From the college's total membership of 2,500 members, a sample of 441 usable questionnaires has been collected, providing a 17% response rate. Of the sample, 244 (44.3%) were female and 197 (44.7%) were male. The mean age average was 44 years ($SD=.921$). Almost half of the people in the sample are managers (43.8%), 16.1% were senior managers, 15% corporate governance, 13.2% supervisors, and only 12% were consultants. More than two-thirds of the total sample holds postgraduate degrees of some kind (79.4%), and 20.6% had only an undergraduate degree or less. The majority individuals in the sample (62.1%) work for the government, 28.3% for the private sector, and only 9.5% for religious organisations. In terms of work experience, 31% of those sampled had less than 3 years experience, 49% had between 4 and 10 years of experience, and 20% had more than 11 years experience. The largest group of individuals (268) are administrative staff (61%), while 118 (27%) were medical staff (doctors and nurses), and 55 (12%) were allied health staff.

Procedure

This paper applies a procedure similar to that used in the preliminary development of the MEP as a tool for investigating into managerial ethical decision making, in particular in the development of managerial ethical profiles (Casali b 2008). This previous study gathered the data by administrating the MEP to a small sample of academics and students ($n=41$) and small business owners ($n=41$), then computed the results of the 24 ethical items into the 8 ethical sub-scales as suggested by Casali (2007). Once the computed results of the eight sub-scales were created, due to the small size of the sample a hierarchical cluster analysis was performed

to ascertain how many clusters (managerial ethical profiles) could have been developed (Casali b 2008). Preliminary results indicates that there were five consistent clusters or managerial ethical profiles, even though with the small business owners only four of the five clusters were confirmed, one cluster was missing (Casali b 2008). As in the previous study, initially in the present research the results from the 24 ethical items of the MEP have been computed into the eight ethical sub-scales, and they have then been clustered. However, due to the larger sample (n=441) a two-step cluster method was used, since hierarchical and K-means clustering, as used in the preliminary study, do not scale efficiently when “n” is very large. A limitation of the previous study was it focus on ethical factors and the lack of analysis of the other three groups of factors (individual, organisational and external) that Casali (2008) has argued are important influences on MDM. Therefore, this study will analyse the remaining 28 items related to individual, organisational and external factors by using discriminant analysis, and then look for significant correlations between the five MEPs (results of the twostep cluster analysis) and the functions (results from the discriminant analysis) to further analyse the managerial ethical profiles of healthcare managers in Australia.

Analysis

The data collected from surveying the healthcare managers have been analysed in several ways. The 24 items reflecting the ethical factors has been firstly computed based on the eight ethical subscales (Casali d 2008), and then a two-step cluster analysis was performed. This clustering technique is well known among researchers as usually leading to two clusters; that is, results that represent the most different possible clusters. To overcome this limitation, in this study 5 desired clusters were used based on results from a previous exploratory research using the MEP as a tool to profile (Casali b 2008). The remaining 28 items reflecting individual, organisational and external factor have been analysed by using discriminant analysis.

Results

This section shows (i) the results from the two step cluster analysis based on the eight ethical subscales, and (ii) the results of the discriminant analysis of the individual, organisational and external factor and how they relate to the clusters from the two steps cluster analysis.

Two Step cluster analysis results

Results of the two-step cluster analysis performed on 5 desired clusters indicated the following results (see table 1): *Cluster 1*, which represents 23% (121) of the sample performed as follows in relation to the eight ethical subscales: 1.8 on economic egoism, 1.25 on reputational egoism, 1.4 on act utilitarian, 1 on rule utilitarian, 1 on self virtue, 1.25 on virtue on others, 1.4 on act deontology, and 1.1 on rule deontology; *Cluster 2* (13% or 60 people), 2.8 on economic egoism, 2.25 on reputational egoism, 1.4 on act utilitarian, 1.15 on rule utilitarian, 1.2 on self virtue, 1.25 on virtue on others, 1.8 on act deontology, and 1.25 on rule deontology; *Cluster 3* (17% or 74 people), 2.1 on economic egoism, 1.6 on reputational egoism, 1.8 on act utilitarian, 1.2 on rule utilitarian, 2 on self virtue, 1.5 on virtue on others, 1.6 on act deontology, and 1.2 on rule deontology; *Cluster 4* (26% or 118 people), 2.3 on economic egoism, 1.7 on reputational egoism, 2 on act utilitarian, 1.2 on rule utilitarian, 1.8 on self virtue, 1.8 on virtue on others, 2 on act deontology, and 1.8 on rule deontology; and *cluster 5* (16% or 68 people) 2.8 on economic egoism, 2.3 on reputational egoism, 2.6 on act utilitarian, 1.9 on rule utilitarian, 1.9 on self virtue, 2.2 on virtue on others, 2.5 on act deontology, and 2.2 on rule deontology.

Table 1. Two Step cluster analysis based on the 8 ethical subscales

Cluster	People	EcoEgo	EgoRepu	ActUti	RoleUti	SelfVirtue	OtherVirtue	ActDeon	RoleDeon
Cluster 1 Knight	121 (23%)	1.8	1.25	1.4	1	1	1.25	1.4	1.1
Cluster 2 Guardian Angel	60 (13%)	2.8	2.25	1.4	1.15	1.2	1.25	1.8	1.25
Cluster 3 Duty Follower	74 (17%)	2.1	1.6	1.8	1.2	2	1.5	1.6	1.2
Cluster 4 Defender	118 (26%)	2.3	1.7	2	1.2	1.8	1.8	2	1.8
Cluster 5 Chameleon	68 (16%)	2.8	2.3	2.6	1.9	1.9	2.2	2.5	2.2

(Developed for this study)

Discriminant analysis results

The importance of the discriminant function is analysed through Wilks' Lambda. This measures the proportion of the total variance in the discriminant scores not explained by differences among groups. We have calculated the chi-square (X^2) for the mentioned value; on this basis, it is possible to determine the level of significance. Table 3 shows the main parameters of the nine discriminant functions. In all cases, we have estimated one discriminant function only. It can be observed that the discriminant functions 1, 2, and 3 are sufficiently significant, with values of $p < 0.05$, however function 4 is not significant (see table 2).

Table 2 Discriminant Analysis

<i>Discriminant Functions</i>	Function 1	Function 2	Function3	Function 4
L de Wilks	.409	.714	.847	.940
Chi-square	378.694	142.738	70.394	26.049
Significance	.000	.000	.046	.405
<i>Function in group centroid</i>				
Cluster 1 Knight	-1.145	-.101	.255	-.116
Cluster 2 Guardian angel	-.192	.994	-.153	.213
Cluster 3 Duty Follower	-.040	-.237	-.664	-.195
Cluster 4 Defender	.477	-.351	.067	.328
Cluster 5 Chameleon	1.422	.171	.288	-.338

Discussion

This section will first discuss the results of the cluster analysis in relation to the managerial ethical profiles, and subsequently correlate them with the results to the discriminant analysis in order to enrich the profiles and their characteristics. The results from the two step cluster analysis confirm the existence of five clusters or what this paper refers to as managerial ethical profiles (MEP). In general, both studies (small sample and large sample) have found that a five clusters structure exhibits *high internal homogeneity*, which means that each subject included in a particular cluster displays very strong similarities in terms of their ethical preferences in DM. At the same time, both studies have shown that each cluster exhibits a *high external heterogeneity* in terms of keeping consistent significant differences between each cluster and, in particular, that each cluster represents a unique mix of preferences with respect to the eight ethical subscales. In developing these profiles, a universal or strictly mathematical formula was not used, but each cluster has been analysed individually, and inferences have been based on examination of the internal relations between the scores from the eight subscales.

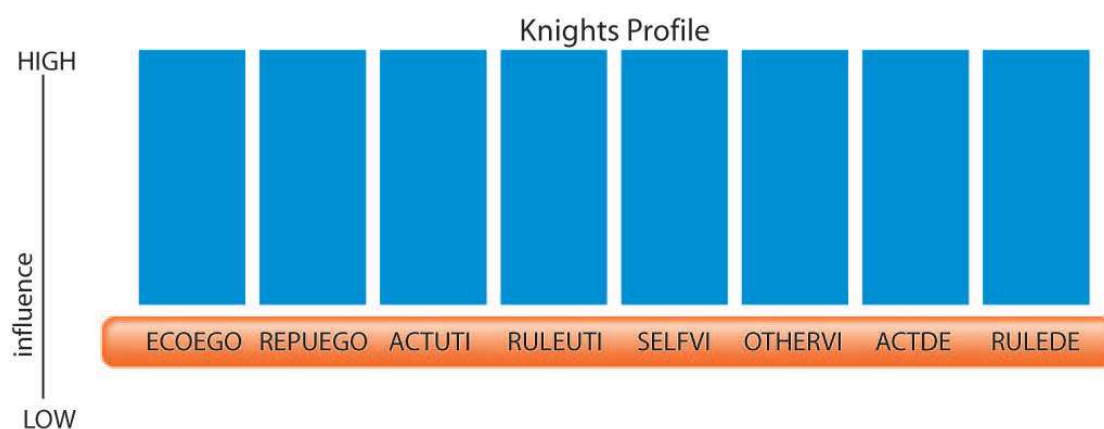


Figure 1 the Knight profile

Cluster 1 is comprised of the overall score for the all eight subscales between 1 and 1.8 (see figure 1), which in this case can be seen as a very strong predisposition to take into consideration all the ethical principles. A similar combination of scores was found in a previous study and has been called the *Knight* (Casali b 2008). These managers consistently

rate all the ethical subscales highly; they endeavour to maximise their values, the organisation's values, keeping economic factors in the picture, and consider the impact of decisions on all stakeholders (Casali b 2008). They pursue personal happiness and excellence, and aim to be a good person, working for a good organisation and building a better world (Casali b 2008). Managers who exhibit this profile are ethical pluralists, and they will take into consideration all the individual moral principles by putting them into a global scenario. Usually, such people are very conscientious and skilful and are, therefore, very important to an organisation (Casali b 2008). However, there are two main risks related to the knight profile. Firstly, their organisation might fail to live up to the knight's high expectations, and thus they might become a troubling presence in the organisation and a potential source of challenge to those in authority. Secondly, knights are so highly skilled that they can easily transfer their allegiances to other organisations, who may eagerly seek out their services.



Figure 2 the Guardian Angel profile

Overall, Cluster 2 shows less focus on those subscales that are directly related to the organisation (see figure 2) such as economic and reputational issues (computed mean 2.8 and 2.25), but display a strong emphasis on the other six sub scales (computed means between 1.2 and 1.8). A cluster with this results can be called *Guardian Angels*--managers who not only make sure that they conform to rules, but who ensure that the dignity of others is maintained

by keeping an eye on the outcomes as well (Casali b 2008). They are strongly committed to fulfilling the obligations that go with a public or professional role and, therefore, they feel a duty to consider the consequences of their decisions and to treat others fairly. They obey rules but at the same time they use their wisdom to consider the impact on others of so doing. A risk with this profile is that the potential conflict between their strong commitment to duty and their concern for others may lead to inconsistent responses.

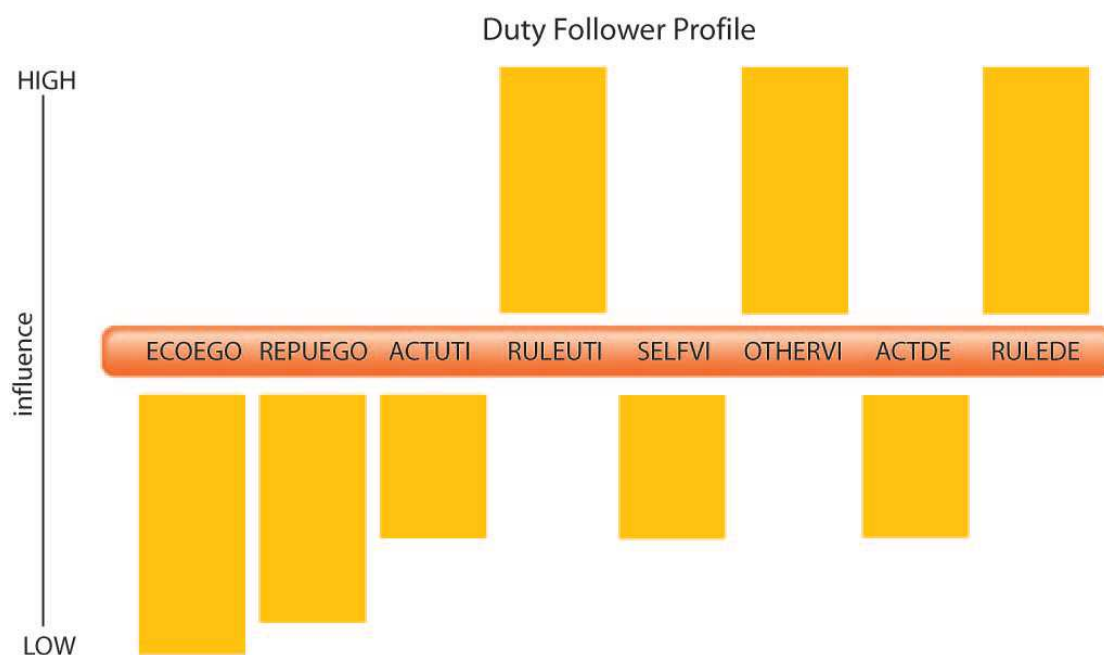


Figure 3 Duty follower profile

To some extent, Cluster 3, looks similar to the Guardian Angel, as they also score lower on the first two subscales and higher on the rest; however, this cluster is characterized by three very strong sub-scales; rule utilitarian, others virtues (care ethics) and rule deontology (see figure3). Similar scores were exhibited by the profile in the preliminary study called the *Duty Follower*. It is characterized by a strong belief that rules and duties are the most important factors in MDM (Casali b 2008). Managers with this profile are usually focused more on “doing the right thing” itself, rather than the consequences. They tend to have a more absolutistic view or morality, and they are very strongly advocate and support particular universal duties such as do not lie or do not kill. Those exhibiting this profile have high moral standards and seek to apply them consistently, but the risk related to this profile is that this

can be achieved at the expense of flexibility (Casali b 2008). For instance, as a general example, if the duty is not to lie, then a duty follower would not lie to the Gestapo, even if they were hiding Jews in their house.

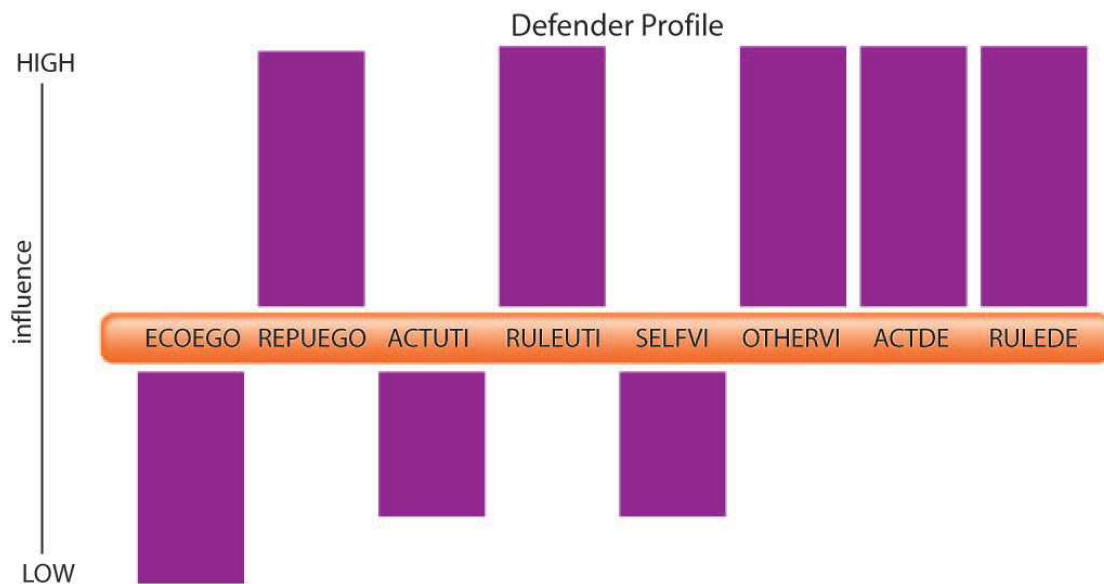


Figure 4 the Defender profile

Cluster 4, on the other hand is charactered by two main subscales rule--utilitarian and organisational reputation (see figure 4). This profile has been named the *Defender*. Managers in this cluster are very loyal to the organisation and will vigorously protect its reputation (Casali b 2008). Honour and reputation are important at both the personal and organisational levels, and maintaining a good opinion about oneself and one's organisation can be more important than the mere bottom line. They would spend more time weighing up what is good versus what is good for the organisation. These individuals are extremely important for the company because they are the most loyal and are less likely to undermine its goals by pursuing either self-interest or the interest of those outside the company (Casali b 2008). However, the excessive loyalty of the defender is not always helpful. There is a significant risk that they might be willing to engage in illegal or unethical actions in the name of the enhancing or protecting the organisation's reputation. Like a defender in a soccer team, they would accept the penalty of taking the opponent down in front of goal, and perhaps even risk a personal send off, for the good of the team. A recent corporate example would be the

behaviour of some employees of the Australian Wheat Board. Its former chairman, when accused of bribe and breaching a number of UN oil-for-food sanctions, said in a statement issued by his lawyers: "I emphatically deny that I acted in any manner other than in the best interest of AWB and its shareholders."

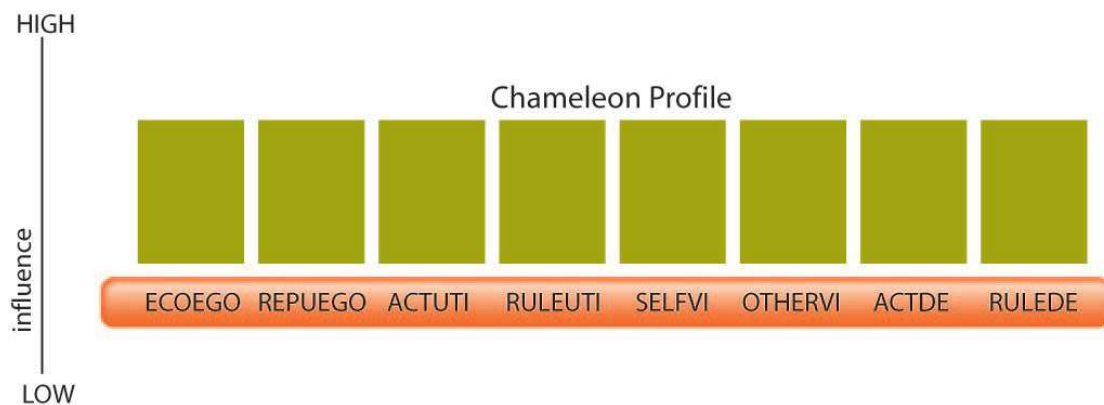


Figure 5 the Chameleon profile

In one way, those in Cluster 5 are similar to the Knights; their individual scores for each of the eight subscales are evenly distributed. However, the overall scores are lower than those of the Knights (see figure 5). This profile has been dubbed the *Chameleon*. Just as the reptile of the same name adapts its skin colour to fit in with its surrounds, these managers draw on each different ethical framework, deciding which is the most appropriate for a particular situation (Casali b 2008). Arguably, the chameleons have a more realistic view of morality, as they do not rigidly hold a particular position, but assess the context first and then apply the ethical framework that is most appropriate to that particular situation. While this profile is more flexible than the duty follower, there is also a risk that all this flexibility could simply encourage decision-makers to *blend in* with the prevailing culture 'when in Rome do as the Romans do', rather than engaging with it proactively (Casali b 2008). At their best they might be weak pluralists; at worst, they are relativists.

From the results of the discriminant analysis only three of the four functions are significant; that is, only the first three functions can help to discriminate between the five managerial

ethical profiles (see table 1). The *first function*, which incidentally is the biggest out of the three with 15 items out of the 26 analysed, varying from emphasising the importance of the organisational code of ethics to personal values, and from taking in consideration the environment to being guided by self-experience and professional experience. Due to the large number of influences that are correlated to this function, and to their range (some are directly related to the individual, others to the organisation and to the external factors), this function could be seen as promoting a universal perspective in decision making by taking in high consideration a large number of stakeholders and competing values. It can be contrasted with the *second function*, where the influences are more narrowly restricted to external factors such as mission statements, and competition with other organisations or purely economic goals. This function emphasize the importance that being in line with the mission statement of the organisation, attaining good economical outcome and a creating or maintaining a competitive advantage have in managerial decision-making process. The *Third function* has two out of three items that are negatively correlated to this function, and they are: decision-making by personal judgment and pre-conventional Kohlberg moral development stage, and positively correlated to other professional experience. Therefore this function summarises a tendency to be more influenced by concrete others. Rather than individual managers strongly relaying on their own capabilities, knowledge and values, decision-makers functioning in this way are strongly affected by role models or what experts have to say.

To further the analysis of the MEP in the healthcare sector in Australia, it is important to assess the relationship between the five managerial ethical profiles and the three functions (table2). As expected, Function 1, which promotes universality and stakeholder approach to managerial decision-making, is strongly correlated to the Knight profile and uncorrelated to the chameleon profile. The other three profiles are somewhere in the middle between the two extremes (Knight and Chameleon). Once again, as expected, Function 2, which relies heavily on the mission statement and economic competition, is positively correlated to the Defender profile and to some extent to the Duty Follower, but is weakly correlated to the Knights and

Chameleons, and negatively correlated to the Guardian Angel profile. With respect to Function 3, the Duty Followers are the most positively influenced by experts or referent people in their decision-making process, while the least affected are equally Knights and Chameleon.

Conclusion

As previously discussed, individual preferences with respect to ethical frameworks are not easy to identify, especially if one rejects the a priori assumption that respondents have a preference for only one ethical approach. A measurement tool is needed that reflects the multi-dimensional nature of respondents' preferences; that is, their perceptions that a number of ethical frameworks may be important to managerial decision making. As described in this paper, this element has been well captured by using the MEP. Using the tool we have been able to ascertain and confirm the existence of five prominent managerial ethical profiles (Knights, Duty Followers, Guardian Angels, Defenders and Chameleons) and describe their distinctive features, including their relative strengths and weaknesses. Secondly, we have been able to further the current understanding of the MEP by examining the correlation between these managerial ethical profiles and a number of individual, organisational and external factors influencing decision making in the healthcare sector in Australia. In relation to the first purpose, this study has confirmed the existence of five managerial ethical profiles with similar characteristics to those identified in previous research (Casali 2008). Secondly, the current research has identified the particular pattern of these profiles among a significant sample of the healthcare managers in Australia. It is interesting to note, for example, that one out of two Australian healthcare managers is either a Knight or a Defender profile (aggregate 49%) of the total sample. Both Knights and Defenders are highly focused on maximising outcomes for the good for the organisation, though it could be said that the Knights tend to do this with an eye to the interests of the community as a whole, while the Defenders are more likely to treat the reputation of their organisation as an extension of their own. The prominence of Knights can be partly explained by the fact that a larger number of Knights in

the sample were managers in the private sector. The Knights' cohort also contained a significantly higher number of managers with 11 years or more of professional experience in their current role, which counted 20% of the total sample (89 managers). Given that managers with the Chameleon profile tended to be the least experienced, it can reasonably be inferred that strong commitment to using a variety of ethical frameworks in managerial decision making (strong pluralism) is a product of accumulated experience and reflection and that the flexibility of the Chameleon profile reflects a weak pluralism or relativism derived from a lack of experience.

The aim of this paper was to measure and profile the multidimensional influence of ethical frameworks on managerial decision-makers in the Australian health care sector, while noting at the same time a range of other factors--individual, organisational and external—also influencing their decision making. The confirmation of a stable set of profiles across two studies suggests some fruitful outcomes for both practice and research. There is obvious practical potential for the thoughtful use of the MEP as a tool to help managers increase awareness of their own managerial ethical profile. The MEP can also help an organisation to assess its ethical strengths and weaknesses, based on the relative strength of the different profiles within the organisation. Most importantly, recognition that there are diverse managerial ethical profiles within an organisation has clear implications for the use of codes of ethics and ethics training in institutionalising ethics, as it seems likely that individual managers will respond to, and implement, code requirements and ethics training differently. To achieve success, good ethics training may have to use a variety of strategies, taking into account the strengths and weakness of the various profiles. At the moment, the managerial ethical profiles as they stand seem to resonate with the attitudes and behaviour of managers in the real world. With respect to research, further studies will need to be carried out to enrich the analysis of each managerial ethical profile and to compare the distribution of these profiles within different types of organisations and across organisations in different countries. For the moment, however, it is fair to say that whatever systemic issues need to be addressed

in health care systems in Australia, the evidence suggests that Australia's health care managers rate ethical considerations highly as an important determinant of their everyday decision making.

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